

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: EPSDT Clinics
Managed Care Plans

Memorandum No: 05-43 MAA
Issued: June 30, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
(800) 562-6188

Supersedes: # Memo 04-87 MAA
Memo 05-15 MAA

**Subject: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): Fee
Schedule Changes**

Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2005 relative value units (RVUs);
- The updated Medicare Clinical Laboratory Fee Schedule (MCLFS); and
- A one (1.0) percent vender rate increase.

Maximum Allowable Fees

MAA is updating the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) fee schedule with Year 2005 RVUs and clinical laboratory fees. The 2005 Washington State Legislature appropriated a vendor rate increase of one (1.0) percent for the 2006 state fiscal year. The maximum allowable fees have been adjusted to reflect these changes.

Injectable Drug Updates

MAA has updated the maximum allowable fees for the drugs listed in the injectable drug fee schedule. These fees are posted on MAA's website at <http://maa.dshs.wa.gov> (click on Provider Publications/Fee Schedules, then Fee Schedules). All fees have been updated at 106% of the Average Sales Price (ASP) as defined by Medicare. If a Medicare fee is unavailable for a particular drug, MAA will continue to price the drug at 86% of the Average Wholesale Price (AWP).

Diagnosis Coding

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits when applicable) or the services will be denied.

Billing Instructions Replacement Pages

Attached are updated replacement pages E.3-E.10 for MAA's current *Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Billing Instructions*.

Bill MAA your usual and customary charge.

How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the *Billing Instructions/Numbered Memoranda* or *Provider Publications/Fee Schedules* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
 - a) Click *General Store*.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either *I'm New* or *Been Here*.
 - ii. If new, fill out the registration and click *Register*.
 - iii. If returning, type your email and password and then click *Login*.
 - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
 - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction*. You will then need to select a year and the select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Third party liability

You must bill the insurance carrier(s) indicated on the client's Medical ID card. An insurance carrier's time limit for claim submissions may be different than MAA's. It is your responsibility to meet the insurance carrier's requirements relating to billing time limits, as well as MAA's, prior to any payment by MAA.

You must meet MAA's 365-day billing time limit even if you haven't received notification of action from the insurance carrier. If your claim is denied due to any existing third-party liability, refer to the corresponding MAA *Remittance and Status Report* for insurance information appropriate for the date of service.

If you receive an insurance payment and the carrier pays you less than the maximum amount allowed by MAA, or if you have reason to believe that MAA may make an additional payment:

- Submit a completed claim form to MAA; and
- Attach the insurance carrier's statement.

If you are rebilling, also attach a copy of the MAA *Remittance and Status Report* showing the previous denial.

If you are rebilling electronically, list the Internal Control Number (ICN) of the previous denial in the **Comments** field of the Electronic Media Claim (EMC).

Third-party carrier codes are available via the Internet at <http://maa.dshs.wa.gov> or by calling the Coordination of Benefits Section at 1-800-562-6136.

Fee Schedule

EPSDT Screenings



Note: Make certain the procedure code you use accurately reflects the age of the child receiving the EPSDT services.

Due to its licensing agreement with the American Medical Association, MAA publishes only the official, brief CPT procedure code descriptions. To view the full descriptions, refer to your current CPT book.

New Patient

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee		
		NFS Fee	FS Fee	Foster Care*
99381	Prev visit, new, infant	\$76.38	\$47.35	\$120.00
99382	Prev visit, new, age 1-4	84.33	55.64	120.00
99383	Prev visit, new, age 5-11	87.78	59.10	120.00
99384	Prev visit new, age 12-17	94.35	66.01	120.00
99385	Prev visit, new, age 18-20	96.77	67.74	120.00

Established Patient

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee		
		NFS Fee	FS Fee	Foster Care*
99391	Prev visit, est. infant	\$58.41	\$41.13	\$120.00
99392	Prev visit, est, age 1-4	67.05	49.08	120.00
99393	Prev visit, est, age 5-11	70.50	52.53	120.00
99394	Prev visit, est, age 12-17	77.41	59.10	120.00
99395	Prev visit, est, age 18-20	80.18	60.48	120.00

*You must bill the appropriate screening code with modifier 21 in order to receive the enhanced rate for foster care children.



Note: A child placed by Children's Administration outside of the home in the care of a relative does not qualify as a foster care client. However, for these clients, MAA reimburses for an EPSDT screening exam without regard to the standard screening schedule using MAA's normal maximum allowable fee for EPSDT procedures. You must indicate "EPSDT screen performed for child in relative care" in the comments section of the claim form.

Use the appropriate diagnosis code when billing any the EPSDT screening CPT codes 99381-99395 (e.g., V20.2).

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Billing/Fee Schedule

Laboratory Services

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
36415	Drawing blood	\$2.46	\$2.46
81000	Urinalysis, nonauto w/scope	3.63	3.63
81001	Urinalysis, auto w/scope	3.63	3.63
81002	Urinalysis, nonauto w/o scope	2.93	2.93
81003	Urinalysis, auto, w/o scope	2.57	2.57
81005	Urinalysis	2.48	2.48
81007	Urine screen for bacteria	2.94	2.94
81015	Microscopic exam of urine	3.48	3.48
81025	Urine pregnancy test	4.30	4.30
81050	Urinalysis, volume measure	3.44	3.44
81099	Urinalysis test procedure	By Report	By Report
82135	Assay, aminolevulinic acid	18.86	18.86
83655	Assay of lead	13.87	13.87
84035	Assay of phenylketones	2.41	2.41
84202	Assay RBC protoporphyrin	16.44	16.44
84203	Test RBC protoporphyrin	9.86	9.86
85013	Hematocrit	2.71	2.71
85014	Hematocrit	2.71	2.71
85018	Hemoglobin	2.71	2.71
86580	TB intradermal test	6.13	6.13
86585	TB tine test	4.77	4.77

Immunizations

Immunizations for EPSDT are usually given in conjunction with a screening exam; MAA does not reimburse an Evaluation and Management (E&M) code in this circumstance. Do not bill an E&M code unless there is a separate, identifiable diagnosis that is different from the immunization.

Immunizations covered under the EPSDT program are listed in the vaccine table on page E.10. Those vaccines that are shaded in the table are available at no cost from the Department of Health (DOH) through the Universal Vaccine Distribution program and the Federal Vaccines for Children program for children 18 years of age and under. MAA does not reimburse for these vaccines.

You must bill for the administration of the vaccine and for the cost of the vaccine itself as explained on the following page:

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Billing/Fee Schedule

Clients 18 year of age and under – Shaded Vaccines

- These vaccines are available at no cost from DOH. Therefore, MAA reimburses only for administering the vaccine.
- Bill for the administration by reporting the procedure code for the vaccine given with modifier SL (e.g. 90707 SL).
- DO NOT bill CPT codes 90471-90472 or 90645-90648 for the administration.

Clients 18 year of age and under – Non-shaded Vaccines

- Bill MAA for the cost of the vaccine itself by reporting the procedure code for the vaccine given. DO NOT use modifier SL with non-shaded vaccines. MAA reimburses for the vaccine using MAA's maximum allowable fee schedule.
- **Do not** bill any of the codes in the following table in combination with CPT codes 90471-90472. MAA limits reimbursement for immunization administration to a maximum of two vaccines (e.g., one unit of 90465 and one unit of 90466, one unit of 90467 and one unit of 90468, or one unit of 90471 and one unit of 90472).

CPT Code	Brief Description	7/1/05 Maximum Allowable Fee
90465	Immune admin 1 inj, <8 yrs (may not be billed in conjunction with 90467)	\$11.13
90466	Immune admin addl inj, < 8 yrs (must be reported in conjunction with 90465 or 90467)	6.59
90467	Immune admin O or N < 8 yrs (may not be reported in conjunction with 90465)	5.05
90468	Immune admin O/N, addl < 8 y (must be reported in conjunction with 90465 or 90467)	3.03



Note: MAA reimburses the above administration codes **only** when the physician counsels the client/family at the time of the administration and the vaccine **is not** available free of charge from the Health Department.

- Providers **must** bill the above administration codes on the **same** claim form as the procedure code for the vaccine.

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Billing/Fee Schedule

Clients 19-20 years of age – All Vaccines

- Bill MAA for the cost of the vaccine itself by reporting the procedure code for the vaccine given. DO NOT use modifier SL with any of the vaccines for clients 19-20 years of age, regardless of whether the vaccine is shaded or not. MAA reimburses for the vaccine using MAA's maximum allowable fee schedule.
- Bill for the administration using CPT codes 90471 (one vaccine) and 90472 (each additional vaccine). Reimbursement is limited to one unit of 90471 and one unit of 90472 (maximum of two vaccines).
- Providers **must** bill 90471 and 90472 on the **same** claim as the procedure code for the vaccine.

Health Departments

Health Departments may bill CPT code 99211 when an immunization is the only service provided.

Example: If a client receives an immunization that is not available free of charge from the Department of Health (DOH), you may bill CPT code 99211, the appropriate immunization administration code(s) (i.e. 90471-90472 or 90465-90468), and the vaccine. If the vaccine was received at no charge from DOH, you may bill 99211 and the appropriate vaccine code with modifier –SL.

Immunization Fees

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
90585	Bcg vaccine, percut	\$114.86	\$114.86
90586	Bcg vaccine, intravesical	113.57	113.57
90632	Hep a vaccine, adult im	42.86	42.86
90633	Hep a vacc, ped/adol, 2 dose	22.09	22.09
90636	Hep a/hep b vacc, adult im	83.33	83.33
90645	Hib vaccine, hboc, im	21.26	21.26
90646	Hib vaccine, prp-d, im	36.82	36.82
90647	Hib vaccine, prp-omp, im	21.26	21.26
90648	Hib vaccine, prp-t, im	21.26	21.26
90655	Flu vacc split pres free 6-35 months (per each 0.25 ml)	12.38	12.38
90656	Flu vacc split pres free 3 years and up (per each .50 ml)	12.38	12.38

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Billing/Fee Schedule

EPSDT Program

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
90657	Flu vaccine, 6-35mo, im (per each .24ml)	\$6.19	\$6.19
90658	Flu vaccine, 3 yrs, im (per each .50 ml)	10.10	10.10
90660	Flu vaccine, nasal (per dose) (Covered October 1 through March 31 only)	24.19	24.19
90665	Lyme disease vaccine, im	55.31	55.31
90669	Pneumococcal vacc, ped<5	70.74	70.74
90675	Rabies vaccine, im	136.23	136.23
90676	Rabies vaccine, id	67.04	67.04
90690	Typhoid vaccine, oral	36.84	36.84
90691	Typhoid vaccine, im	34.97	34.97
90692	Typhoid vaccine, h-p, sc/id	2.07	2.07
90700	Dtap vaccine, im	12.02	12.02
90701	Dtp vaccine, im	18.21	18.21
90702	Dt vaccine <7, im	4.85	4.85
90703	Tetanus vaccine, im	14.57	14.57
90704	Mumps vaccine, sc	17.93	17.93
90705	Measles vaccine, sc	13.62	13.62
90706	Rubella vaccine, sc	15.02	15.02
90707	Mmr vaccine, sc	36.13	36.13
90708	Measles-rubella vaccine, sc	18.22	18.22
90712	Oral poliovirus vaccine	17.59	17.59
90713	Poliovirus vaccine	24.73	24.73
90715	Tdap, 7 years & older, intramuscular	Acquisition cost	Acquisition cost
90716	Chicken pox vaccine, sc	63.26	63.26
90717	Yellow fever vaccine, sc	49.26	49.26
90718	Td vaccine >7, im	16.04	16.04
90720	Dtp/hib vaccine, im	\$28.34	\$28.34
90725	Cholera vaccine, injectable	2.78	2.78
90732	Pneumococcal vacc, adult/ill	22.24	22.24
90733	Meningococcal vaccine, sc	82.66	82.66
90734	Meningococcal vaccine, intramuscular	Acquisition cost	Acquisition cost
90735	Encephalitis vaccine, sc	82.14	82.14
90740	Hep b vacc, ill pat 3 dose im	103.12	103.12
90743	Hep b vacc, adol, 2 dose, im	24.49	24.49
90744	Hep b vacc ped/adol 3 dose, im	24.49	24.49
90746	Hep b vaccine, adult, im	51.56	51.56
90747	Hep b vacc, ill pat 4 dose, im	103.12	103.12
90748	Hep b/hib vaccine, im	92.02	92.02
90749	Vaccine toxoid	Not Covered	Not Covered

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Billing/Fee Schedule

Drugs Administered in the Provider's Office

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
J0850	Cytomegalovirus imm IV / vial	\$672.53	\$672.53
J1460	Gamma globulin 1 CC inj	9.99	9.99
J1470	Gamma globulin 2 CC inj	19.97	19.97
J1480	Gamma globulin 3 CC inj	29.95	29.95
J1490	Gamma globulin 4 CC inj	39.95	39.95
J1500	Gamma globulin 5 CC inj	49.93	49.93
J1510	Gamma globulin 6 CC inj	59.95	59.95
J1520	Gamma globulin 7 CC inj	69.85	69.85
J1530	Gamma globulin 8 CC inj	79.89	79.89
J1540	Gamma globulin 9 CC inj	89.93	89.93
J1550	Gamma globulin 10 CC inj	99.86	99.86
J1560	Gamma globulin > 10 CC inj (per cc)	99.76	99.76
J1563	IV immune globulin	42.04	42.04
J1564	Immune globulin 10 mg	.42	.42
J1565	RSV-ivig	16.18	16.18
J1670	Tetanus immune globulin inj	80.39	80.39
J2790	Rho d immune globulin inj	93.54	93.54
J2792	Rho(D) immune globulin h, sd	10.01	10.01
90780	IV infusion therapy, 1 hour	54.73	54.73
90781	IV infusion, additional hour	15.22	15.22
90782	Injection, sc, im	11.36	11.36
90783	Injection, ia	11.36	11.36
90784	Injection, iv	23.16	23.16

Immune Globulins

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
90281	Human ig, im	Not covered	Not covered
90283	Human ig, iv	Not covered	Not covered
90287	Botulinum antitoxin	Not covered	Not covered
90288	Botulism ig, iv	Not covered	Not covered
90291	Cmv ig, iv	Not covered	Not covered
90296	Diphtheria antitoxin	Not covered	Not covered
90371	Hep b ig, im	\$117.74	\$117.74
90375	Rabies ig, im/sc	62.89	62.89
90376	Rabies ig, heat treated	67.13	67.13

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Billing/Fee Schedule

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
90378	Rsv ig, im, 50mg <i>May require prior authorization (refer to page C.8)</i>	\$621.18	\$621.18
90379	Rsv ig, iv	Not covered	Not covered
90384	Rh ig, full-dose, im	Not covered	Not covered
90385	Rh ig, minidose, im	Not covered	Not covered
90386	Rh ig, iv	Not covered	Not covered
90389	Tetanus ig, im	Not covered	Not covered
90393	Vaccina ig, im	Not covered	Not covered
90396	Varicella-zoster ig, im	106.72	106.72
90399	Immune globulin	Not covered	Not covered

Audiologic Function Tests

The audiometric tests listed below imply the use of calibrated electronic equipment and therefore are reimbursed separately. Other hearing tests are considered part of the general otorhinolaryngologic services and are not billed separately.

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
92552	Pure tone audiometry, air	\$10.90	\$10.90
92553	Audiometry, air & bone	16.35	16.35

Fluoride Varnish Applications

Procedure Code	Brief Description	7/1/05 Maximum Allowable Fee	
		NFS Fee	FS Fee
D1203	Topical fluor w/o prophylaxis	\$13.52	\$13.52

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Billing/Fee Schedule